



Waiver Request Form

Name:			
Employer:			
Work Email:			
Current Expiration Date (for time extension request):		New Expiration Date Requested (for time extension request):	
Date Waiver Submitted:			
REASON FOR WAIVER REQUEST			
Medical delay	Military Deployment delay	Other delay	Request to participate
Explain the reasons for the request for this waiver. (Limit 1,000 words) (Please attach all pertinent documentation with the initial submission so your waiver request can be properly reviewed.)			
ACTION TAKEN (For IFPC PMO Only)			
Waiver is approved			
Waiver is rejected			
Return – Incomplete information in the waiver request/additional information is requested.			
Submit no later than			
Comments:			

PMO Signature: _____ Date: _____